

**Kindergarten Summer Fun
Registration Form
August 1st-August 4th**

Child's Name _____ DOB _____

Address _____ Phone _____

Parent/Guardian Name _____

Emergency Contact Information

Name _____ Phone _____

Relationship to Child _____

Does your child have any allergies? If so, to what? _____

Does your child take any medications? _____

Please share any information about your child that you would like us to be aware of.

Please check off which session (Monday-Thursday) you would like your child to attend

If your child will be attending BEAL in the Fall → Get a Feel for Beal at Beal School:

_____ 9:00-11:30 a.m. or _____ 12:30-3:00 p.m

If your child will be attending SPRING STREET in the Fall → Get a Fling for Spring:

_____ 9:00-11:30 a.m.

If your child will be attending COOLIDGE in the Fall → Discover the Cool in School:

_____ 9:00-11:30 a.m

If your child will be attending PATON in the Fall → What Happens at Paton:

_____ 9:00-11:30 a.m

Please return this completed form, with payment, to:

***Beal Early Childhood Center
Attn: Kindergarten Summer Program
One Maple Avenue
Shrewsbury, Ma 01545
By June 1, 2016.***

Payment must be made in the form of a check or money order for \$95.00 made payable

Shrewsbury Public Schools – Kindergarten Program

For any questions, please call Karin Freeman at (508) 841-886

More details coming soon to those who register!